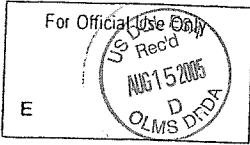


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8579</b>	2. Fiscal Year Covered From:  1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.  Name <b>WILLIAM A. DWYER</b>  P.O. Box, Bldg., Room No., if any  Street <b>1000 HENDRICKS CAUSEWAY</b>  City <b>RIDGEFIELD</b>  State <b>N.J.</b> ZIP Code + 4 <b>07657</b>	4. Name, file number, and address of labor organization.  Name <b>U.A. PIPEFITTERS LOCAL 274</b>  Labor Organization File Number <b>035-654</b>  P.O. Box, Building and Room Number, if any <b>BOX 459</b>  Street <b>1000 HENDRICKS CAUSEWAY</b>  City <b>RIDGEFIELD</b>  State <b>NJ</b> ZIP Code + 4 <b>07657</b>
5. Position in labor organization. <b>REPRESENTATIVE</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>NONE</b>  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  <b>NONE</b>  7.b. Amount.  <b>NONE</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

*William A. Dwyer*  
**8/9/05 - 201-943-4706**

Name of Person Filing	WILLIAM A. DWYER	File Number U-
-----------------------	------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ALLIANCE - BERNSTEIN INSTITUTIONAL INVESTMENT MANAGEMENT</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 AVENUE OF THE AMERICAS</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10105-0096</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust <input checked="" type="checkbox"/> XX</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name U.A. OF N.J. TRUST FUND</p> <p>Trade Name, if any: U.A. OF N.J. HVAC DIVISION C/O I.E. SHAFFER</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 830 BEAR TAVERN RD.</p> <p>City WEST TRENTON</p> <p>State NEW JERSEY ZIP Code + 4 08628</p>	<p>11.a. Nature of such dealing.</p> <p>1) FOX HOLLOW - GOLF - LUNCH</p> <p>2) JASNA POLONIA - GOLF - LUNCH</p> <p>11.b. Approximate dollar value of such dealing. \$244 / \$175</p> <p>12.a. Nature of interest held or income received.</p> <p>NONE</p> <p>12.b. Amount. \$419.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.E. SHAFFER</p> <p>Trade Name, if any: I.E. SHAFFER PLAN ADMINISTRATOR</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 830 BEAR TAVERN RD</p> <p>City WEST TRENTON</p> <p>State NEW JERSEY ZIP Code + 4 08628</p>	<p>14.a. Nature of payment.</p> <p>EXPENSE RECEIPTS ON FILE AT</p> <p>I.E. SHAFFER</p> <p>WEST TRENTON, N.J. 08628</p> <p>ATTENDANCE AT LAS VEGAS, NEV. EDUCATIONAL CONFERENCE SPONSORED BY INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS</p> <p>14.b. Amount of payment.</p> <p>\$2,683.80 PENSION \$500 WELFARE FUNDS</p>
---	---

CONSULTANT

Name of Person Filing <b>WILLIAM A. DWYER</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name  Trade Name, if any: <b>NONE</b>  P.O. Box, Bldg., Room No., if any  Street  City  State <b>ZIP Code + 4</b>	<b>9. Business deals with:</b>  a. Labor Organization  b. Trust <b>NONE</b>  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any: <b>NONE</b>  P.O. Box, Bldg., Room No., if any  Street  City  State <b>ZIP Code + 4</b>	<b>11.a. Nature of such dealing.</b>  <b>NONE</b>  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b>  <b>NONE</b>  <b>12.b. Amount.</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>MCAA OF NEW JERSEY</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>BOX 390</b>  Street <b>211 MOUNTAIN AVE.</b>  City <b>SPRINGFIELD</b>  State <b>N.J.</b> <b>ZIP Code + 4 07081-0390</b>	<b>14.a. Nature of payment.</b>  <b>CHRISTMAS PARTY</b>  <b>\$83.56</b>  <b>14.b. Amount of payment.</b> <b>\$83.56</b>
--	---